"Express Mail" Mailing Label No. EV 346848842 US

3/24/04 Date of Deposit _____

Patent Attorney's Docket No. <u>032304-114</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT **APPLICATION TRANSMITTAL LETTER**

MAIL STOP PATENT APPLICATION

Commissio	oner for Patents Customer No. 2 1 8 3 9
P.O. Box 1	1450 , VA 22313-1450
	, 111 22513 1150
Sir:	
for IMPL	osed for filing is the utility patent application of <u>John F. Shanley and Theodore L. Parker</u> . ANTABLE MEDICAL DEVICE AND METHOD FOR IN SITU SELECTIVE TION OF AGENT DELIVERY.
	Applicant(s) suggest(s) Figure <u>1</u> for inclusion on the front page of the patent application publication and patent.
	Applicant(s) requests that the published application include the following assignment information:
Also	enclosed are:
[X] .	sheet(s) of drawings;
	a claim for foreign priority under 35 U.S.C. §§ 119 and/or 365 is [] hereby made to _ filed in _ on _;
	[] in the declaration;
[]	a certified copy of the priority document;
[]	a General Authorization for Petitions for Extensions of Time and Payment of Fees;
[]	an Assignment document;
[]	an Information Disclosure Statement;
[X]	a patent application data sheet; and
[X]	Other: Return Postcard .
[X] .	An [] executed [X] unexecuted declaration of the inventor(s)
	[X] also is enclosed [] will follow.
[X]	Small entity status is hereby claimed.

[X] The filing fee has been calculated as follows [] and in accordance with the enclosed preliminary amendment:

		CLA	IMS		
	No. Of Claims		EXTRA CLAIMS	RATE	FEE
Basic Application Fee					
Total Claims	47	MINUS 20 =	27	× \$18.00 (1202) =	486.00
Independent Claims	6	MINUS 3 =	3	× \$86.00 (1201) =	258.00
If multiple dependent claims are presented, add \$290.00 (1203)					0
Total Application Fee					1,514.00
If small entity status is claimed, subtract 50% of Total Application Fee					757.00
Add Assignment Recording Fee \$40.00 (8021) if Assignment document is enclosed					0
TOTAL APPLICATION FEE DUE					757.00

[]	This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Application is respectfully requested.
[X]	A check in the amount of \$ 757.00 is enclosed for the fee due.
[]	Charge \$ to Deposit Account No. 02-4800 for the fee due.
[X]	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.
Pleas	se address all correspondence concerning the present application to:

Burns, Doane, Swecker & Mathis, L.L.P.

Customer Number: 21839

P.O. Box 1404

Alexandria, Virginia 22313-1404.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: March 26, 2004

Jeffrey A. McKinney

P.O. Box 1404 Alexandria, Virginia 22313-1404 (650) 622-2300